

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

In Re:

Case No.: _____

Chapter: _____

Adv. No.: _____

Hearing Date: _____

Judge: _____

CERTIFICATION OF SERVICE

1. I, _____ :

represent _____ in this matter.

am the secretary/paralegal for _____, who represents
_____ in this matter.

am the _____ in this case and am representing myself.

2. On _____, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: _____ Signature _____

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Matthew Goode, Esq. 61 Village Court Hazlet, NJ 07730 mgoode@arbusmaybruch.com.	Attorney for Freehold Borough	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>Email</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
INTERNAL REVENUE SERVICES ATTN: MANAGING AGENT/ PRESIDENT PO Box 7346 Philadelphia, PA 19101-7346	INTERNAL REVENUE SERVICES	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>Overnight Mail</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
NEW JERSEY DIVISION OF TAXATION ATTN: MANAGING AGENT/ PRESIDENT 50 Barrack St Fl 9 Trenton, NJ 08608-2006	NEW JERSEY DIVISION OF TAXATION	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>Overnight Mail</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
United States Attorney General, United States Department of Justice, Ben Franklin Station, PO Box 68, Washington, DC 20044 Attn: Managing Agent/President	US Attorney General	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>Overnight Mail</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
United States Attorney Peter Rodino Building 970 Broad St., Ste 700 Newark, NJ 07102 Attn: Managing Agent/President	US Attorney	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>Overnight Mail</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
United States Trustee- One Newark Center, Suite 2100 1085 Raymond Blvd. Newark, NJ 07102 Attn: Managing Agent/President	US TRUSTEE	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>EMAIL</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Carvana, LLC / Bridgecrest c/o AIS Portfolio Services, LLC 4515 N. Santa Fe Ave. Dept. APS Oklahoma City, OK 73118 ECFNotices@aisinfo.com	CREDITOR	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>EMAIL</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Hackensack University Medical Group 5505 Nesconset Hwy, Suite 200 Mt. Sinai, NY 11766 marketing@ctech-collects.com	CREDITOR	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>EMAIL</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Centrastate Medical Center C/O CERTIFIED-SOLUTIONS PO BOX 1750 WHITEHOUSE STATION, NJ 08889 bankruptcy@certified-solutions.com	CREDITOR	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>EMAIL</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Robertson, Anschutz, Schneid, Crane & Partners, PLLC 6409 Congress Avenue, Suite 100 Boca Raton, FL 33487 ChasePOCNotification@rasflaw.com	Authorized Agent for Chase	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>Email</u> <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Hoagland, Longo, Moran, Dunst & Doukas, LLP 40 Paterson Street New Brunswick, NJ 08903 jmazur@hoaglandlongo.com	Creditor	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>EMAIL</u> (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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